## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

367-40300 X00

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
	······································		(Column 1)		(Column 2)		, T	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS			34					RATE	FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			3 ゲ minus 20=		* 14			X\$ 9=		OR	X\$18=	252
INDEPENDENT CLAIMS			10 minus 3 =		7			X40=		OR	X80=	560
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT	ESENT				+135=		OR	+270=	_
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	_	TOTAL		OR	TOTAL	1522
<b>CLAIMS AS AMENDED - PART II</b>								•			OTHER	THAN
_		(Column 1)		(Column 2) (Column 3)				SMALL ENTITY			SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	l L	X\$ 9=		OR	X\$18=	
AME	Independent	* INTATION OF MI	Minus	*** PENDENI	CLAIM	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
			JUIT. FEE			ADDII. FEE						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER		(Colui HIGH NUM PREVIO	IEST BER	(Column 3) PRESENT EXTRA	<b>1</b> Γ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
		AMENDMENT		PAID		EXTRA	┧┝		FEE			FEE
	Total	*	Minus	**		=	$\  \ $	X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	* NTATION OF MU	Minus JLTIPLE DEP	*** ENDENT	CLAIM	= 	┨╽	X40=		OR	X80=	
								+135=		OR	+270=	٠
							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CLAINA	= [-]	$\  \ $	X40=		OR	X80=	
<b></b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
		mn 1 is less than th mber Previously Pa					<b></b> _	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
***	If the "Highest Nur	mber Previously Pa ber Previously Pai	aid For' IN THIS	S SPACE is	s less thai	n 3, enter "3."	AU		opriate box			